COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY			ATTORNEY'S PU4995US First Names Inv Bacus	Sw	
( ) Declaration submitted with initial	filing or			Complete if App No.:	known:
( ) Declaration submitted after initial	£1: (	1270ED 1 177			
( ) Declaration submitted after initial	illing (surcharge re	equired 3/CFR1.16(e))		Filing Date	
				Group Art U	nit:
As below named	inventor. I herel	by declare that:			
My residence, post office	address and citiz	enship are as stated belo	w next to my name.		•
			e is listed below) or an original, fi imed and for which a patent is so		
	PREDIC	TIVE MARKERS IN	CANCER THERAPY		
the specification of which	(check only one	item below):			
[ ]is attached hereto. OR					
[ x ] was filed on *****	***** as United	States application Seria	l No or PCT Inte	ernational	
	T/US03/12739 fi applicable)	led <u>April 25, 2003</u> and v	was amended on (MM/DD/YYY	Y)	
I hereby state that I have a amended by any amended			he above-identified specification	n, including the	claims,
I acknowledge the duty to	disclose informa	ation which is material to	patentability as defined in 37 C	FR §1.56.	
I hereby claim foreign priority ben inventor's certificate or 365(a) of a States of America, listed below and certificate or of any PCT internation	ny PCT internati d have also identi onal application h	onal application which of ified below, by checking naving a filing date before	lesignated at least one country of the box, any foreign application to that of the application on whice	her than the Un for patent or i	nited nventor's
PRIOR FOREIGN AND ANY P					TODITI'
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))		LAIMED
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4.					
I hereby claim the benefit under Ti	itle 35. United St	ates Code §119(e) of an	y United States provisional appli	cation(s) listed	below:
Application No. Filing Date (MM/DD/YYYY)					
1. 60/389,795 06/19/2002					
2. 60/432,811 12/11/2002					
3. 60/432,943 4. 60/451.078		<del></del>	2/11/2002		
4. 60/451,978		ı O.	3/05/2003		

Parent Filing Date

(MM/DD/YYYY)

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

Five Moore Drive, PO Box 13398

U.S. Parent Application or PCT Parent

Number

ATTORNEY'S DOCKET NUMBER
PU4995USW

ABANDONED

STATUS (Check one)

PENDING

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PATENTED

POWER	R OF ATTORNEY	: As a named inventor, I hereby appoint the d to transact all business in the Patent and	ne practitioners associated with the	Customer Numbers provided below to
		d Customer Number 20462		CWITTI
Address	all corresponden	ce and telephone calls to Customer N	umber 23347	Direct Telephone Calls to:
	David J. Levy		<u> </u>	David J. Levy
	Corporate Intellect	ual Property		919-483-2370
	GlaxoSmithKline Five Moore Drive, 1	PO Roy 13398		
		Park, NC 27709-3398		
I hereby	declare that all st	tatements made herein of my own know	wledge are true and that all stat	ements made on information and belief
		nd further that these statements were m		
made ar	e punishable by fi	ne or imprisonment, or both, under 18	U.S.C. 1001, and that such will	llful false statements may jeopardize
		tion or any patent issuing thereon.	·	
47	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	BACUS	Sarah	S.
	INVENTOR'S	Signature 5 MB		Date: /24/1003
•	SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE & CITIZENSHIP	Tuscon	AZ AL	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	c/o Ventana Medical Systems,	Tuscon	AZ 85737 US
		Inc., 1910 Innovation Park Drive		
B	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HERRLE Signature	Myra	R. Date:
	INVENTOR'S SIGNATURE	Signature		Date.
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
43	FULL NAME	Five Moore Drive, PO Box 13398	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	KIRK	L.	Edward
	INVENTOR'S	Signature		Date
	SIGNATURE	7.2	46.7	
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY  NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US

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	Las	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
ساا		OF INVENTOR	SPECTOR	Neil	L.
4		INVENTOR'S	Signature		Date; 1. 1. /2
		SIGNATURE	Son Be		6/14/2003
	0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		CITIZENSHIP	<u>Durham</u>	NC NC	US
	<u> </u>	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
	4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
			Five Moore Drive, PO Box 13398		
		FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
_	., 2	OF INVENTOR	STOCUM	Michael	T.
51	100	INVENTOR'S	Signature		Date:
9		SIGNATURE			
	0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		CITIZENSHIP	Durham	NC NC	US
	1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
			Five Moore Drive, PO Box 13398		,
, -	00	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
6	2	OF INVENTOR	XIA	Wenle	
		INVENTOR'S	Signature		Date:
		SIGNATURE			
	0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		CITIZENSHIP	Durham	NC DC	US
		POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
			Five Moore Drive, PO Box 13398		<u> </u>

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COMBINED DECLARA	ATTORNEY'S DOCKET PU4995USw			
APPLICATION WITH POWER OF ATTORNEY			First Names Inventor: Bacus	
( ) Declaration submitted with initial filing or			Complete if known: App No.:	
) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))			Filing Date	
			Time Dute	
	Group Art Unit:			
As below named i	nventor. I hereby declare that:		L	
My residence, post office a	address and citizenship are as stated belo	ow next to my name.		
	first and sole inventor (if only one nam below) of the subject matter which is cla			
	PREDICTIVE MARKERS IN	CANCER THERAPY		
the specification of which (	(check only one item below):			
[ ]is attached hereto. OR				
·	**** as United States application Seria	al No or PCT Inte	rnational	
	<u>US03/12739</u> filed <u>April 25, 2003</u> and pplicable)	was amended on (MM/DD/YYYY	Y)	
	eviewed and understand the contents of ment specifically referred to above.	the above-identified specification	, including the claims,	
I acknowledge the duty to o	disclose information which is material t	o patentability as defined in 37 C	FR §1.56.	
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:				
Prior Foreign Application	RIORITY CLAIMS UNDER 35 U.S.C Country	Foreign Filing Date	PRIORITY	
Number (s)	·	(MM/DD/YYYY))	CLAIMED	
1.				
2.	•			
<u>3.</u> <u>4.</u>				
	e 35, United States Code §119(e) of an	v United States provisional applic	eation(s) listed below:	
Application No.		(MM/DD/YYYY)	andi(b) holde bolow.	
1. 60/389,795		5/19/2002		
2. 60/432,811		2/11/2002		
3. 60/432,943		2/11/2002		
4. 60/451,978	[ 03	3/05/2003		

ATTORNEY'S DOCKET NUMBER
PU4995USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT	TION	_		
				STATUS (Check one)	
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
POWER OF ATTORNEY: As a named inver prosecute this application and to transact all bus Customer Number 23347 and Customer Number	iness in the Patent and Trademark			provided below to	
Address all correspondence and telephone David J. Levy Corporate Intellectual Property	calls to Customer Number 23	<u>347</u>		d J. Levy	
GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-339	8		919-	483-2370	
I haraby dealers that all statements made he	arein of my own knowledge are	true and that all state	ments made on ir	formation and	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME . '	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BACUS	Sarah	S.
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Tuscon	AZ	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	c/o Ventana Medical Systems,	Tuscon	AZ 85737 US
·		Inc., 1910 Innovation Park Drive		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HERRLE	Myra	R.
	INVENTOR'S	Signature		Date: 2 Tul. 2
•	SIGNATURE	Signatura Myra R Heule		25 July 2003
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KIRK	L.	Edward
	INVENTOR'S	Signature		Date
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SPECTOR	Neil	L.
_	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СІТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STOCUM	Michael	Т
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	XIA	Wenle	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

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COMBINED DECLARA	ATION FOR UTILITY OF	R DESIGN PATENT	ATTORNEY'S DOCKET		
APPLICATION WITH	POWER OF ATTORNEY	•	PU4995USw First Names Inventor:		
			Bacus		
			Complete if known:		
( ) Declaration submitted with initial fi	ling or		App No.:		
( ) Declaration submitted after initial fi	iling (surcharge required 37CFR1.16(e))				
			Filing Date		
			C A A II .		
			Group Art Unit:		
As below named i	inventor. I hereby declare that:				
My residence, post office a	address and citizenship are as stated belo	ow nort to my name			
My residence, post office a	dutess and entrensing are as stated ber	ow next to my name.			
I believe I am the original, (if plural names are listed be entitled:	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
	PREDICTIVE MARKERS IN	CANCER THERAPY			
the specification of which (	the specification of which (check only one item below):				
[ ]is attached hereto. OR					
	**** as United States application Seria	al No or PCT Inte	ernational		
	/US03/12739 filed April 25, 2003 and	was amended on (MM/DD/YYY	Y)		
(if a	pplicable)				
	eviewed and understand the contents of ment specifically referred to above.	the above-identified specification	n, including the claims,		
I acknowledge the duty to o	disclose information which is material (	to patentability as defined in 37 C	CFR §1.56.		
I harabu alaim faraian priority bana	fits under 25 H C C \$110 (c) (d) or \$2	65(h) of any forcion anniversaria	(a) for nations on		
	fits under 35 U.S.C. §119 (a)-(d) or §30 py PCT international application which				
	have also identified below, by checking				
	nal application having a filing date befo		h priority is claimed:		
	RIORITY CLAIMS UNDER 35 U.S.C				
Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED		
1.		(MIM/DD/1111))	CLAIMED		
2.	•				
3.					
4.					
I hereby claim the benefit under Titl	le 35, United States Code §119(e) of an		cation(s) listed below:		
Application No.		e (MM/DD/YYYY)			
1. 60/389,795		6/19/2002			
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ATTOHNEY'S DOCKET NUMBER
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I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofter as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

is material to patentability as defined in 3' PCT international filing date of this applic	anon: 			
PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT	ION	STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inve	Lhoraby appoint the practition	ers associated with the	Customer Numbers	provided below to
POWER OF ATTORNEY: As a named inver- prosecute this application and to transact all bu Customer Number 23347 and Customer Number	offices til nie i ment and a sur	Office connected therev		
Address all correspondence and telephone David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398	calls to Customer Number 23	<u>347</u>		nd J. Levy -463-2370
Research Triangle Park, NC 27709-33  I hereby declare that all statements made I are believed to be true; and further that the made are punishable by fine or imprisonments the validity of the application or any pater	ment, or both, under 18 U.S.C. 10 nt issuing thereon.	01, and that such wil	ments made on it liful false statement iful false statement	nts may jeopardize
FULL NAME FAMILY NAME	pirst givi Sarah	NAME	S.	MEMILIAE

the value	itty of me abbucat	ion of any patent issuits thereon.		CONTRACTOR AND
		FAMILY NAME	PIRST GIVEN NAME	SECOND GIVEN NAME INITIAL
	FULL NAME		Sarah	S
2	OF INVENTOR	BACUS		Date:
	INVENTOR'S	Bikusinia		
	SIGNATURE		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY	AZ.	US
	CITIZENSHIP	Tuscon	CITY	STATE & ZIF CODE/COUNTRY
	POST OFFICE	POST OPPICE ADDRESS	Tuscon	AZ 85737 US
1	ADDRESS	c/o Ventana Medical Systems,	2 402011	
		Inc., 1910 Innovation Park Drive	HIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	Pamily Name		R.
2	OF INVENTOR_	HERRLE	Муга	Date:
•	INVENTOR'S	Signature		
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0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	US
U	CITIZENSHIP	Durham	NC	STATE A ZIF CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDITION	CITY	North Carolina 27709, US
	ADDRESS	GlaxoSmithKline	Research Triangle Park	Hotell Chiating assess
2	ADDICESS	Five Moore Drive, PO Box 13398		THE NAME OF THE PARTY OF THE PA
		EAMILY NAME	PIRST GIVEN NAME	SECOND GIVEN NAME INTIAL
	FULL NAME	KIRK	L	Edward
2	OF INVENTOR			Data / /
	INVENTOR'S	Stipping Sward of "		7/21/03
ì	SIGNATURE	(x. / guing por	STATE OR FOREIGN COUNTRY	COUNTRY OF CYTIZENSHIP
0	RESIDENCE &	CITY	NC	US
1	CITIZENSHIP	Durham	CETY	STATE 4 ZIP CODE/COUNTRY
	POST OFFICE	POST OPEICK ADDRESS	Research Triangle Park	North Carolina 27709, US
3	ADDRESS	GlaxoSmlthKline		
		Five Moore Drive, PO Box 13398	<u> </u>	

		FAMILY NAME	Trom or many his sen	SECOND GIVEN NAME/INITIAL
_	FULL NAME		FIRST GIVEN NAME	
2	OF INVENTOR	SPECTOR	Neil	L.
	INVENTOR'S	Signature		Date:
	SIGNATURE			<u> </u>
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
•	CITIZENSHIP	Durham	NC	UŠ
]	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STOCUM	Michael	Т.
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
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_		Five Moore Drive, PO Box 13398	<u> </u>	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	XIA	Wenle	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		ŕ

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As below named inventor. I hereby declare that:  My residence, post office address and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  PREDICTIVE MARKERS IN CANCER THERAPY  the specification of which (check only one item below):  [] is attached hereto.  OR  [x] was filed on **** as United States application Serial No or PCT International Application Number PCTUS03/12739 filed April 25, 2002 and was amended on (MM/DD/YYYY)  [if applicable)  I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.  I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 35(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign applications(s) for patent or inventor's certificate or 35(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application on which priority is claimed:  PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:  Prior Foreign Application  Number (s)  Application No.  Filing Date (MM/DD/YYYY)  Foreign Filing Date  PRIORITY CLAIMS UNDER 35 U.S.C. 19:  Filing Date (MM/DD/YYYY)  Application No.  Filing Date (MM/DD/YYYY)  Foreign Filing Date  PRIORITY CLAIMS UNDER 35 U.S.C. 19:  Foreign Filing Date  PRIORITY CLAIMS UNDER 35 U.S.C.					
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Number (s)         (MM/DD/YYYY))         CLAIMED           1.         2.         3.         4.         4.         4.         4.         4.         4.         4.         4.         4.         4.         5.         5.         6.         5.         6.					
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ATTORNEY'S DOCKET NUMBER
PU4995USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT	TION		
			STATUS (Check one)	
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inventor prosecute this application and to transact all bus Customer Number 23347 and Customer Number	iness in the Patent and Trademark			provided below to
Address all correspondence and telephone calls to Customer Number 23347  David J. Levy  Corporate Intellectual Property  GlaxoSmithKline  Five Moore Drive, PO Box 13398  Research Triangle Park, NC 27709-3398				alls to: d J. Levy 483-2370

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BACUS	Sarah	S.
<b> </b>	INVENTOR'S	Signature		Date:
1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ł	CITIZENSHIP	Tuscon	AZ	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	c/o Ventana Medical Systems,	Tuscon	AZ 85737 US
		Inc., 1910 Innovation Park Drive		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HERRLE	Myra	R.
	INVENTOR'S	Signature		Date:
	SIGNATURE			l
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
i	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KIRK	L	Edward
	INVENTOR'S	Signature		Date
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
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3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
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				<u> </u>
ı	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SPECTOR	Neil	L
1	INVENTOR'S	Signature		Date:
1	SIGNATURE			
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	CITIZENSHIP	Durham	NC	US
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	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STOCUM	Michael	<b>T.</b>
	INVENTOR'S	Signature Wind I		Date: 10 T
	SIGNATURE	Juny ) St		19- June - 03
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	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	XIA	Wenle	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
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	CITIZENSHIP	Durham	NC	US
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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT			ATTORNEY'S DOCKET PU4995USW		
APPLICATION WITH	POWER OF ATTORNEY		First Names Inventor:		
			Bacus		
			Complete Col		
( ) Declaration submitted with initial	filing or		Complete if known: App No.:		
( ) Declaration submitted with initial	ining of		Арр 110		
( ) Declaration submitted after initial	filing (surcharge required 37CFR1.16(e))				
			Filing Date		
			Group Art Unit:		
			oroup rate ome.		
		***			
As below named	inventor. I hereby declare that:				
My residence, post office	address and citizenship are as stated below next t	o my name.			
I believe I am the original (if plural names are listed entitled:	, first and sole inventor (if only one name is listed below) of the subject matter which is claimed and	l below) or an original, f d for which a patent is so	irst and joint inventor ought on the invention		
	PREDICTIVE MARKERS IN CANCE	R THERAPY			
the specification of which	(check only one item below):				
[ ]is attached hereto. OR					
	***** as United States application Serial No	or PCT Inte	rnational		
Application Number PCT/US03/12739 filed April 25, 2003 and was amended on (MM/DD/YYYY)  (if applicable)					
I hereby state that I have notes as amended by any amended	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.				
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:					
	RIORITY CLAIMS UNDER 35 U.S.C. 119:				
Prior Foreign Application	Country	Foreign Filing Date	PRIORITY		
Number (s)		(MM/DD/YYYY))	CLAIMED		
2.					
3.					
4.					
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:					
Application No. Filing Date (MM/DD/YYYY)					
1. 60/389,795 06/19/2002					
2. 60/432,811 12/11/2002					
3. 60/432,943       12/11/2002         4. 60/451,978       03/03/2003					
4. 00/451,576					

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David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398			David J. Levy 919-483-2370	
Research Triangle Park, NC 27709-3398	•			
I hereby declare that all statements made he	rein of my own knowledge are	true and that all state	ments made on in	formation and

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2	OF INVENTOR	BACUS	Sarah	S.
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	INVENTOR'S	Signature		Date:
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2	OF INVENTOR	SPECTOR	Neil	L.
	INVENTOR'S	Signature		Date:
	SIGNATURE			
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2	OF INVENTOR	STOCUM	Michael	Т.
	INVENTOR'S	Signature		Date:
	SIGNATURE			
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	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	XIA	Wenle	
	INVENTOR'S	Signature		Date:
	SIGNATURE	19700		6/6/2003
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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